

Title 17, California Code of Regulations (CCR), Section 2505

REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results suggestive of the following diseases of public health importance to the local health department:

Chlamydial infections
Cryptosporidiosis
Diphtheria
Encephalitis, arboviral
Escherichia coli 0157:H7 infection
Gonorrhea
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test
Hepatitis B, acute infection by IgM anti-HBc antibody test
Hepatitis B surface antigen positivity (specify gender)
Listeriosis
[Malaria](#)
Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test
Plague, animal or human
Rabies, animal or human
Syphilis
[Tuberculosis](#)
Typhoid
Vibrio species infections
[Salmonella](#) (Section 2612 - see below)

WHEN TO REPORT

These laboratory findings are reportable to the local health officer of the health jurisdiction where the health care provider who first submitted the specimen is located within one (1) working day from the time that the laboratory notifies that health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the health care provider is located **within one (1) working day** from the time the laboratory notifies the referring laboratory that submitted the specimen.

HOW TO REPORT

Laboratory reports must be made in writing and give the following information:

- ⊗ the date the specimen was obtained,
- ⊗ the patient identification number,
- ⊗ the specimen accession number or other unique specimen identifier,
- ⊗ the laboratory findings for the test performed,
- ⊗ the date that any positive laboratory findings were identified,
- ⊗ the name, gender, address, telephone number (if known), and age or date of birth of the patient,
- ⊗ the name, address, and telephone number of the health care provider who ordered the test.

A legible copy of a laboratory report containing all of the above information is satisfactory.

The notification shall be submitted either by courier, mail, or electronic facsimile to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. Whenever the specimen, or an isolate therefrom, is transferred between laboratories, a test requisition with the above patient and submitter information shall accompany the specimen. The laboratory that first receives a specimen shall be responsible for obtaining the patient and submitter information at the time the specimen is received by that laboratory.

ADDITIONAL REPORTING REQUIREMENTS

TUBERCULOSIS

Any clinical laboratory or approved public health laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the local public health laboratory as soon as available from the primary isolate on which a diagnosis was established.

The following information must be submitted with the culture:

- ⊗ the name, address, and the date of birth of the person from whom the specimen was obtained,
- ⊗ the patient identification number,
- ⊗ the specimen accession number or other unique specimen identifier,
- ⊗ the date the specimen was obtained from the patient,
- ⊗ the name, address, and telephone number of the health care provider who ordered the test.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months, or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- ⊗ perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated,
- ⊗ report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified,
- ⊗ if the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* was isolated to the public health laboratory for the local health jurisdiction in which the health care provider's office is located.

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA

Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films will be returned to the submitter.

SALMONELLA

California Code of Regulations, Title 17, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory for definitive identification.

All laboratory notifications are acquired in confidence. The confidentiality of patient information is always protected.